

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Health Department City of Baltimore.

Permit No. A 1151 Office of Registrar of Vital Statistics. Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 10th 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Elmer Chalmers

Sex, Male or Female, { Cross out the word not required in this line. } male

Age, 11 Years, 24 Months, Days

Color, white

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth. } City

Duration of Residence in the City of Baltimore, lifetime

Place of Death, { Give Street and Number. } No 1015 26 Carey St

Cause of Death, { First (Primary), Second (Immediate), } Inanition

Duration of Last Sickness, about one week

All the above information should be furnished by the Physician.

Place of Burial, Mt Oliver

Date of Burial, July 11th 1887

{ Undertaker, Wm Weaver } W K Marwe M. D.

{ Place of Business, 738 N. Eutan Address, 901 Shulke St } Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No.

A 1152

Office of Registrar of Vital Statistics.

Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner if requested so to do, under penalty of law.

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CERTIFICATE OF DEATH.

Date of Death,

10 July
Phoebe Smith

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, 87 Years,

Months, White Days, ✓

Color,

~~Married~~, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation,

Housekeeper
Balt. Co.
over fifty years

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore,

Place of Death, { Give Street and Number. }

844 Edmonston Ave
Suffering from
Brain
One month

Cause of Death, { First (Primary),
Second (Immediate), }

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, London Park, Green

Date of Burial, July 13/87 J. M. Milner M. D.

Undertaker, J. B. Cook Medical Attendant.

Place of Business, 1003 E. Baltimore Address, 1008 Mad Ave

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[OVER.]

Board of Health, City of Baltimore,
 Permit No. A 1153 Office of Registrar of Vital Statistics. Ward 18th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

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CERTIFICATE OF DEATH.

Date of Death, July 10th 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } James Taylor

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, Two Years, Eight Months, — Days.

Color, white

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, { Cross out the word not required in this line. }

Occupation, —

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Balto - City ✓

Duration of Residence in the City of Baltimore, —

Place of Death, { Give street and number. } 1121 Cleveland St

Cause of death, { First, (Primary,) Second, (Immediate,) } Hot weather
Bilious Dysentery

Duration of Last Sickness, —

All the above information should be furnished by the Physician.

Place of Burial, Landen Park Cem

Date of Burial, July 13 / 87

Undertaker, J. B. Cook W. S. Jordan M. D.,
{ Place of Business, 1003 W. Balt St Address, #1511 W. Lexington

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Health Department, City of Baltimore

Permit No.

A 1157

Office of Registrar of Vital Statistics.

Ward

6th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



B

CERTIFICATE OF DEATH.

Date of Death,

July 10th 1887

Full Name of Deceased,

{ Write legibly and spell correctly. If an Infant not named, give names of parents.

Charles H. Schalek

Sex, Male or Female,

{ Cross out the word not required in this line.

male

Age,

Years,

7

Months,

8

Days.

Color,

white

Married, Single, Widow or Widower,

{ Cross out the words not required in this line.

Occupation,

Birth Place,

{ State or country, and how long in the United States, if of foreign birth.

Balto. Md.

Duration of Residence in the City of Baltimore,

Place of Death,

{ Give Street and Number.

S.W. Eden & Baltimore St

Cause of Death,

{ First (Primary),
Second (Immediate),

*Cholera Infantum
3 wks*

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial,

Baltimore L.

Date of Burial,

July 12

Undertaker,

W. Dippel

W. B. Billings M. D.
Medical Attendant.

Place of Business,

151 S. Bow

Address, *1206 E. Pratt*

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[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. A 1155 Office of Registrar of Vital Statistics. Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 10

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Harry Boorman

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 1 Years, 3 Months, 11 Days

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single

Occupation, None

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Balt.

Duration of Residence in the City of Baltimore, 3 days

Place of Death, { Give Street and Number. } 815 Madison Ave

Cause of Death, { First (Primary), Second (Immediate), } Enterocolitis, Convulsion

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, July 12th

Undertaker, Andrew Rohde R. M. Sweet M. D.

Place of Business, 730 Penna Ave Address, 989 Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is respectfully invited to the requirements below, and to List of Diseases on back of this certificate.

Health Department, City of Baltimore.

Permit No. A 1156 Office of Registrar of Vital Statistics. Ward 6th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A DEATH CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 10, 1884

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Catherine Segrist

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 87 Years, 00 Months, 00 Days

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Widow

Occupation, None

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Bavaria, Germany

Duration of Residence in the City of Baltimore, about 33 years

Place of Death, { Give Street and Number. } 1307 Wolfe Street

Cause of Death, { First (Primary), } Old age

{ Second (Immediate), } General Debility

Duration of Last Sickness, About 3 years

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cemetery

Date of Burial, July 12 1884

{ Undertaker, Henry H. [unclear] } John H. Conan M.D. Medical Attendant.

{ Place of Business, 1212 E. Pratt } Address, 1212 E. Pratt

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 1157 Office of Registrar of Vital Statistics. Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE GRANTED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 10th 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Joseph Grattoli

Sex, Male or Female, { Cross out the word not required in this line. } M

Age, 1 Years, 11 Months, 20 Days.

Color, S

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single

Occupation, City

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Lipitan

Duration of Residence in the City of Baltimore, 1029 Somerset

Place of Death, { Give Street and Number. } Phthisis

Cause of Death, { First (Primary), Second (Immediate), } Cholera Infantum

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, S. Olyshonsus Cem.

Date of Burial, July 12 1887

{ Undertaker, Henry Herbertson

H. T. Remick M. D.

Medical Attendant.

{ Place of Business, 1023 Kentred Address, 722 Aisquith St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Health Department, City of Baltimore.

Permit No. A 1158 Office of Registrar of Vital Statistics. Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

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CERTIFICATE OF DEATH.

Date of Death, July 10/87

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mr P Schenker

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 3 Years, 20 Months, white Days

Color, white

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, ✓

Birth Place, { State or country, and how long in the United States, if of foreign birth. } city

Duration of Residence in the City of Baltimore, ✓

Place of Death, { Give Street and Number. } 1021 Central ave

Cause of Death, { First (Primary), Indigestion Second (Immediate), In aneurism }

Duration of Last Sickness, several weeks

All the above information should be furnished by the Physician.

Place of Burial, Holy Redeemer Cemetery

Date of Burial, July 11, 1887

{ Undertaker, Henry Koerk } L. Warner M. D. Medical Attendant.

{ Place of Business, 1023 1/2 Central ave } Address, 1123 Valley

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]

Board of Health, City of Baltimore.

Permit No. A 1159 Office of Registrar of Vital Statistics. Ward 12

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CERTIFICATE OF DEATH.

Date of Death, July 9 1887

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Gustav Kesmodel

Sex, Male or Female, { Cross out the word not required in this line. }

Age, _____ Years, _____ Months, 2 hours Days

Color, White

Married, Single, ~~Widow~~ or ~~Widower~~, { Cross out the word not required in this line. }

Occupation None

Birthplace, { State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, 2 hours

Place of Death, { Give street and Number. }

Cause of Death, { First (Primary), Premature birth Second (Immediate), " }

Duration of Last Sickness, 2 hours

All the above information should be furnished by the Physician.

Place of Burial, Louder Park Cemetery

Date of Burial, July 11th

{ Undertaker Gustav Kesmodel

{ Place of Business, Corner Caroline & Madison St Address, 1821 Madison

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

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The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. A 1160 Office of Registrar of Vital Statistics.

Ward 4th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

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CERTIFICATE OF DEATH.

Date of Death, July 10 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Maria A. Cohan

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 50 Years, — Months, — Days

Color, White

~~Married~~, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. } ✓

Occupation, —

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, 20 years.

Place of Death, { Give Street and Number. } 315 E. High St.

Cause of Death, { First (Primary), Second (Immediate), } Cholera morbus
collapse

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, London Park Cemetery

Date of Burial, July 12^d 1887

Undertaker, Henry H. Meads C. J. Arnold M. D.

Medical Attendant.

Place of Business, # 413 E. Fayette St. Address,

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]